Name in Full Elias Berry

Certificate of Death

Died at Town Barclay County Q. A. MARYLAND

Date 1899 Month Sept Day 29 | Age Y. 46 M. D. | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 5

Husband of
Wife

Father's Name Thomas

Mother's Name

Cause of Death: Primary Bright's Disease 97 | How long sick 10 years

Immediate

Accident, Suicide, Homicide

Reported by Dr. R. Isaacson

Address Ingleside Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65958

Name in Full: Susan Griffin

Certificate of Death

Died at Queenstown (Town) Q. A. (County) MARYLAND

Date 1899 Month Sept Day 17 | Age Y. 56 M. — D. — | Native of Q.A. Co. Md | Occupation House Wife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 8

~~Husband~~ Wife of Geo. Griffin

Father's Name Not Known | Mother's Name Not Known

Cause of Death: Primary Congestive Chill 19 | How long sick 24 Hrs

Immediate Heart Failure | ~~Accident, Suicide, Homicide.~~

Reported by Chas. F. Dandon

Address Queenstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name In Full

Certificate of Death

Harrett Kirby

Died at Town Centreville County Q A Co MARYLAND

Date 1899 Month Sept Day 13 Age Y. 18 M. D. Native of Delaware Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Chas Kirby Mother's Name Blanch Kirby

Cause of Death Primary consumption How long sick 18 months

Immediate 22a Accident, Suicide, Homicide

Reported by Dawson + Whitley

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85558

Had no Doctor but

Information from

Harriett Kirby

Name in Full Myrtle Simpson

Certificate of Death

Town: Near Queen Anne | County: Queen Anne | MARYLAND

Died at

Date 1899 Month: Sept Day: 1

Age: Y. 1 M. 6 D. 15

Native of: Maryland

Occupation:

~~Male~~ Female

~~White~~ Colored

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name: Philip Simpson

Mother's Name: Mildred Simpson

Cause of Death: Primary: Consumption & Dropsy

Immediate:

How long sick: 4 months

Accident, Suicide, Homicide

22a

Reported by: John L Russum Undertaker

Address: Hillsboro Caroline Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Attended by Dr. None in attendance

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from Mother of Child

of .....

Name in Full: Edward Thomas — Certificate of Death

Died at: Town: Ingleside — County: [illegible] Annes — MARYLAND

Date 1896: Month: Sept. — Day: 11 — Age: Y. 65 M. D. — Native of: Md. — Occupation: Farmer

Male — ~~White~~ — Married — ~~Widower~~ — ~~Divorced~~

~~Female~~ — Colored — ~~Single~~ — ~~Widow~~er — Number of children living: 5

Husband of / Wife: Frances Thomas

Father's Name: [illegible] — Mother's Name: 97

Cause of Death — Primary: Bright's Disease — How long sick: 5 months

Immediate — Accident, Suicide, Homicide

Reported by: L. E. Graham M.D.

Address: Ingleside, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Myrtle Thomas

Died at Town Ford's Store County Q.a. MARYLAND

Date 189 9 Month Sept. Day 23 | Age Y. 4 M. -0- D. 2 | Native of Q.a. Co. Md | Occupation Child

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living None

~~Husband~~ ~~Wife~~ of ~~~~

Father's Name Jackson Thomas Mother's Name Addie Thomas

Cause of Death: Primary Malaria Fever 19 | How long sick 2 wks.

Immediate Broncho Pneumonia - Heart Failure | ~~Accident, Suicide, Homicide~~

Reported by Chas. F. Davidson

Address Queenstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88968

Name In Full

Certificate of Death

Mrs. Lida Wallace

Died at Town Church Hill County Queen Anne MARYLAND

Date 189 9 Month Sept. Day | Age Y. 21 M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of William Wallace

Father's Name Jas. E. Potts Mother's Name

Cause of Death { Primary Blood Poisoning 14 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Centreville Record

Address 9-23

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

William J White

Certificate of Death

Died at Town: Kent Island County: Queen Anne's MARYLAND

Date 189 9 Month: Sept Day: 30 Age Y. 60 M. 11 D. 21 Native of Md. Occupation ~ none

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 2

Husband ~~Wife~~ of Helen Hollingsworth

Father's Name Wm White Mother's Name Susan White

Cause of Death: Primary Chronic Gastro Intestinal Catarrh How long sick 1 yr

Immediate Exhaustion 87 ~~Accident, Suicide, Homicide~~

Reported by C. Percy Reed

Address Kent Island Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Sept 1899

GA

Name in Full

Certificate of Death

William W Wilson

Died at Town Burnsville County 2 A Co MARYLAND

Date 189 9 Month Sept Day 5 | Age Y. 5 M. D. | Native of Md | ~~Occupation~~

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husbend of Wife

Father's Name Jas Wilson

Mother's Name Ellen Wilson

Cause of Death

Primary 82

How long sick

Immediate Summer complaint

~~Accident, Suicide,~~ Homicide

Reported by Dawson & Whitely

Address Centreville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Information gained
from Jas Wilson the
Lather - No Doctor